## LANDLORD/HOME OWNIED GA

	576 26576	AtA	23/8/24	8:20	705
9 <u>5</u>	Gas Safe Register No:	Gas Installer Ref. No:	Date of Issue:	Time of Issue:	Engineers Name: (print)
GAS INSTALLER: (Trading Title) Hearmure (I-c)	5 D L-wosy	27 Avie may	Hosishas	Twis " usu	Otung sutten
GAS INSTALI	Name:	Address:		Post code:	Tel:

LANDLOKO/HOME OWNER	GAS INSTALI	GAS INSTALLER: (Trading Title)	Hearman III	
	Name:	JO CENDSAY	Gas Safe Register No:	\$7.2657
GAS SAFELY RECORD	Address:	27 Asie my	Gas Installer Ref. No:	44
This inspection is for gas safety purposes only in accordance with the current		Hosinhasi	Date of Issue:	23/8/24
edition of the Gas Safety (Installation and Use) Regulations. Flues were inspected visually and checked for satisfactory evacuation of products of combustion. A detailed	Post code:	Twee ren	Time of Issue:	8:20
internal inspection of the flue integrity, construction and lining has not been carried out.	Tel:	Otung sutten	Engineers Name: (print)	705
TENANT/HOME OWNER DETAILS		LANDLOF	LANDLORD/AGENT DETAILS (if applicable)	oplicable)
Tenant/Home Owner* Name:		Landlord/Agent* Name:		
Property Address: 2 Oahlew Cont		Address:		
Ophlew Dive Released		,		· · ·
Post Code $\beta N 2 G G \rho U$ Tel:		Post Code	Tel:	
Tenant/Home Owner* present during inspection		Landlord/Agent* present during inspection	spection	YES/NO

ā	ILTS	ord's Inspected Yes/No	lest 1					LABEL & WARNING NOTICE ISSUED	Yes NO					ATTENTION
	RESULTS	Appliance Landlord's Safe To Use Appliance Yes/No Yes/No	101 10h											
		Combustion Performance Reading CO: CO2 Ratio / CO2 CO	\$-4%/0000+		,			DETAILS OF WORK CARRIED OUT						
	Ψ.	Visual Condition Pe Pass/Fail	gen;	1			\	F WORK			$\setminus$		· · · · · ·	
.	FLUE TEST	Flue Flow Spillage Test Termination Test Pass/Fail Satisfactory Yes/No	Kell	1				ETAILS C			-			his Safety Record is issued by Gas Installer: (signed)
	Ц	w Spillage Tee Pass/Fail	1/4	_	_			DI				! !		Gas Instal
			2/14		1									s issued by
]	AILS	Ventilation CO Alarm CO Alarm Adequate fitted tested Yes/No Pass/Fail	451 80					REMEDIAL ACTION TAKEN	\	\				ly Record is
	ON DETAILS	<i>&gt;</i> ~	45,3			_	_	ACTION						This Safel
	INSPECTIO	Input Safety Device Correct Operation Yes/No	21 70				_	MEDIAL						ii / NA
	4	Operating Heat Input Pressure Kw Mbar	18.58 26-21 7ES					RE						(Pass) Fail / NA
		Fiue Type e.g. CF or RS	£5 1						1	8	<b>σ</b>	4	S.	ection?
	AILS	TYPE	Cans:					ULTS	*					visual insp
	APPLIANCE DETAILS	MODEL	ماريم 1050		1			= ANY FA		\	\			n pipework
	APPLIA	MAKE	vissum whiles				$\setminus$	DETAILS OF ANY FAULTS						Outcome of gas installation pipework visual inspection?
		LOCATION	المالية					D				\	-	tcome of g
			-	N	က	4	5		-	2	ю	4	c.	ō

To re-order quote code 663010-NUM

Is the Protective Equipotential bonding satisfactory?

Outcome of gas tightness test?

Copies: White - Landlord/Agent/Home Owner

Green - Registered Gas Installer

Pink - Tenant

\* delete as applicable

2113107

52/8/62

Next safety check due by:

Received on behalf of Landlord / Home Owner: (Signed)

Pass) Fail / NA Pass Fail / NA

Tenant/Landlord/Agent/Home Owner\*

Number of appliances tested:

Pass Fail / NA Pass Fail / NA

Is the Emergency Control Valve access satisfactory?

Outcome of gas supply pipework visual inspection?

Date:

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